

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 000247	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/07/2012
NAME OF PROVIDER OR SUPPLIER TRANSITIONAL CARE UNIT OF ST JOSEPH		STREET ADDRESS, CITY, STATE, ZIP CODE 700 BROADWAY TRANSITIONAL CARE UNIT FORT WAYNE, IN 46802		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
K 000	<p>INITIAL COMMENTS</p> <p>A Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health.</p> <p>Survey Date: 11/07/12</p> <p>Facility Number: 000247 Provider Number: 155356 AIM Number: N/A</p> <p>Surveyor: Joe L. Brown, Jr., Life Safety Code Specialist</p> <p>At this Quality Assurance Walk-thru survey, Transitional Care Unit of St. Joseph was found in compliance with 410 IAC 16.2-3.1-19(ff).</p> <p>The Transitional Care Unit was fully sprinklered and located on the ninth floor of an eleven story partially sprinklered hospital of Type I (332) construction. The facility has a fire alarm system with smoke detection in the areas open to the corridors and hard wired smoke detectors in the resident rooms. The facility has a capacity of 21 and had a census of 16 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered, except the canopy at the main entrance. All areas providing facility services were sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 11/09/12.</p>	K 000		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

PEM921

If continuation sheet 1 of 1